

COMMENTARY

Communication: it is common sense

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Moore and colleagues present a challenge to all who are responsible for patient care, and they contribute objective evidence to support the importance of what seems inherently obvious: in a single word, “respect.” Patients treated with respect are more satisfied with their physicians and other care providers, irrespective of the outcome. Furthermore, satisfied patients are less likely to seek legal recourse following an adverse event.

This message should not surprise anyone. It is simply common sense, especially when considering patients as customers or clients. The idea of the importance of respect reaches beyond the confines of medicine and permeates all of society. Whether with an automobile mechanic, a real estate agent, or a sales associate at a retail store, the quality of an encounter consciously and subconsciously influences our satisfaction with the experience. Dissatisfaction may lead to frustration and anger that ultimately manifests as a complaint or claim.

By legal standards, medical malpractice requires the presence of a physician-patient relationship that establishes the duty of care, an adverse outcome (injury or harm), negligence by the provider (failure to meet the standard of care based on local standards), and direct causality between the negligence and the adverse outcome. However, the legal basis for malpractice remains silent on a critically important component: the dissatisfied, angry “customer.”¹ We may reasonably conclude that with increased satisfaction, fewer claims would be filed, and financial resources could be better directed toward patient care rather than legal fees.

Risk managers and educators should view this evidence as an opportunity. Traditionally, health care management has employed a reactionary stance to claims management, with less emphasis on strategies to reduce risk. The focus on claims management potentially limits opportunities to minimize malpractice exposure. Risk managers should be rewarded for placing increased emphasis on helping their organizations’ providers improve doctor-patient communication skills during all patient encounters, not just following an adverse event. In an effort to be increasingly proactive, many academic centers and medical schools have embraced the idea of training the next generation of

physicians to provide care that is compassionate, humanistic, high quality, and evidence-based.² This is done with the logical hope that the patients of physicians who embrace and value the importance of the doctor-patient relationship will be more satisfied with their care, irrespective of the outcome. As a result, patients are more likely to follow their physicians’ recommendations,³ have better clinical outcomes, and be less likely to seek legal avenues to express anger and dissatisfaction.

A recent Institute of Medicine report, *To Err Is Human: Building a Safer Health System*, reminds physicians that they are all prone to error.⁴ Medicine, as everyone knows, is not an exact science. Unfortunately, errors in procedure, technique, judgment, and communication may all result in temporary or permanent harm to patients. Although the threat of an impending lawsuit following an adverse outcome will always exist, health care providers would be wise to buffer themselves from these threats. The article by Moore and associates suggests that a good physician-patient relationship is effective in reducing malpractice claims. Perhaps more physicians would benefit if they spent more energy developing effective and positive interaction skills.

Maybe physicians need reminding of the golden rule, “Do unto others as you would have them do unto you.” This rule applies as much to physicians’ relationships with patients as to anything else in everyday life. Respect is not just about addressing a patient by a title such as “Ms” or “Sir”; it also involves understanding patients’ hopes, dreams, wants, needs, and emotions and making an effort to specifically address those issues. And as patients, we would expect nothing less.

References

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